

APPLICATION FOR PERMIT  
BATHFIELD COUNTY, WISCONSIN  
DATE STAMP (RECEIVED)  
MAR 27 2017

THE UNIVERSITY OF CHICAGO

Permit #:	17-0091
Date:	5-2-17
Amount Paid:	\$1,080 3-27-17
Refund:	

**INSTRUCTIONS:** No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.**

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Garry + Jackie Dalziel			Mailing Address:		84790 St Hwy 13	
Address of Property:		N/A			City/State/Zip:		Bayfield WI 54814	
Contractor:		Dystra Construction Inc			Contractor Phone:		715-682-9599	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:			Plumber:		Cres's Plumbing	
Dystra Construction Inc		715-682-9599			Agent Mailing Address (include City/State/Zip):		54806	
PROJECT LOCATION		Legal Description: (Use Tax Statement)			Tax ID # (4-5 digits)		35857	
E 1/4 SE 1/4, NW 1/4		Gov't Lot			Lot(s)			6
		CSM			Vol & Page			11034 P638
		Lot(s) No.			Block(s) No.			
Section 15, Township 50 N, Range 4 W		Town of:			Bayfield			
Distance Structure is from Shoreline:		Is Property in Floodplain Zone?			Are Wetlands Present?			
□ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →			Distance Structure is from Shoreline: feet			
□ Shoreland →		□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →			Distance Structure is from Shoreline: feet			
X Non-Shoreland		X Non-Shoreland			X Non-Shoreland			

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>360,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Conventional</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>System</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> _____			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 56'	Width: 36'	Height: Annex 16'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)			( X )	
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		1000 sq ft	( 36 X 96 )	2016
with Loft			( X )	
with a Porch		2nd & 3rd floor	( 20 X 10 )	1000
with (2 <sup>nd</sup> ) Porch		1st floor	( X )	
with a Deck		1st floor	( X )	
with (2 <sup>nd</sup> ) Deck		1st floor	( X )	
with Attached Garage		1000 sq ft	( 36 X 24 )	864
Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)			( X )	2016/05
<input type="checkbox"/> Mobile Home (manufactured date) _____			( X )	
<input type="checkbox"/> Addition/Alteration (specify) _____			( X )	
<input type="checkbox"/> Accessory Building (specify) _____			( X )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____			( X )	
Rec'd for Issuance				
<input type="checkbox"/> Special Use: (explain) _____			( X )	
<input type="checkbox"/> Conditional Use: (explain) _____			( X )	
<input type="checkbox"/> Other: (explain) _____			( X )	

CONVICTION OR

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): GARY + JACQUE DUTZEL Date: 5/10/11

Authorized Agent: Zachary D. Dwyer Dwyer Construction Inc Date 3/10/17  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 50181 St Hwy 13 Ashland WI 54806

Copy of Tax Statement Attach

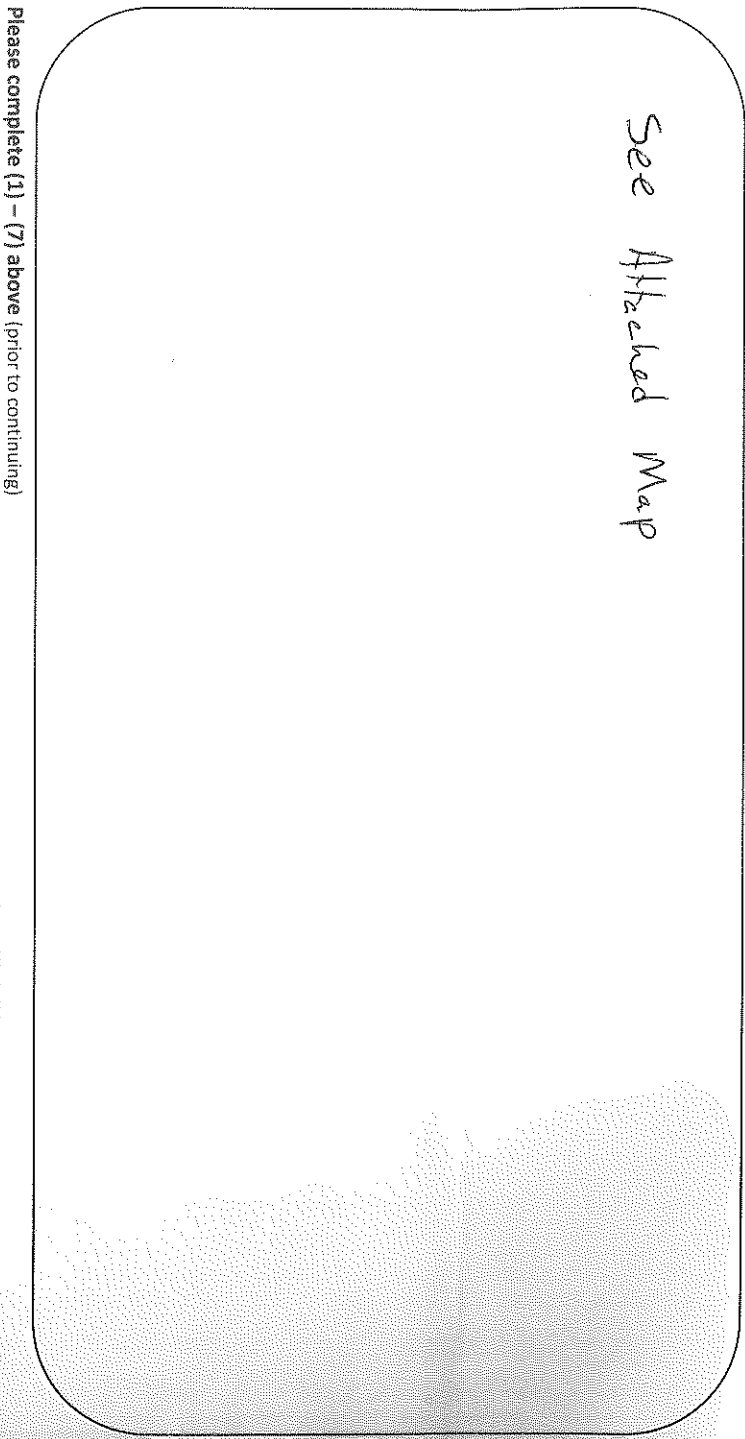
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

**If you recently purchased the property send your Recorded Deed copy or tax statement**

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

See Attached Map



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River Stream, Creek	Feet
Setback from the North Lot Line	153' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	150' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	60' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	130' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40' Feet	Setback to Well	Feet
Setback to Drain Field	25' Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 17-128	# of bedrooms:	Sanitary Date: 5-26-17
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0091		Permit Date: 5-2-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Flood/Contiguous Lot(s))	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: P.T. 3 space by DNR (B.O.A.) re: proximity of P.T. well to house location. No certified setback but she said the owner should be aware of well depth & have base elevation of P.T. recorded.				
Date of Inspection: 3-28-17		Inspected by: Wanda B. Decker, MW, P, PE		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		(If No they need to be attached)		
USE PERMIT + INSPECTIONS REQUIRED				
Date of Re-Inspection: confirmed well				
Signature of Inspector:		Date of Approval: 4.5.17		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Page 4 of 4

# SUNSET RIDGE

A REPLAT OF THE SUNSET RIDGE CONDOMINIUM  
LOCATED IN THE E&S OF THE SE&W OF THE NW¼,  
SECTION 15, T80N, R4W, TOWN OF BAYFIELD,  
BAYFIELD COUNTY, WISCONSIN

PATRICIA A OLSON  
BAYFIELD COUY WI  
REGISTER DP 05

38

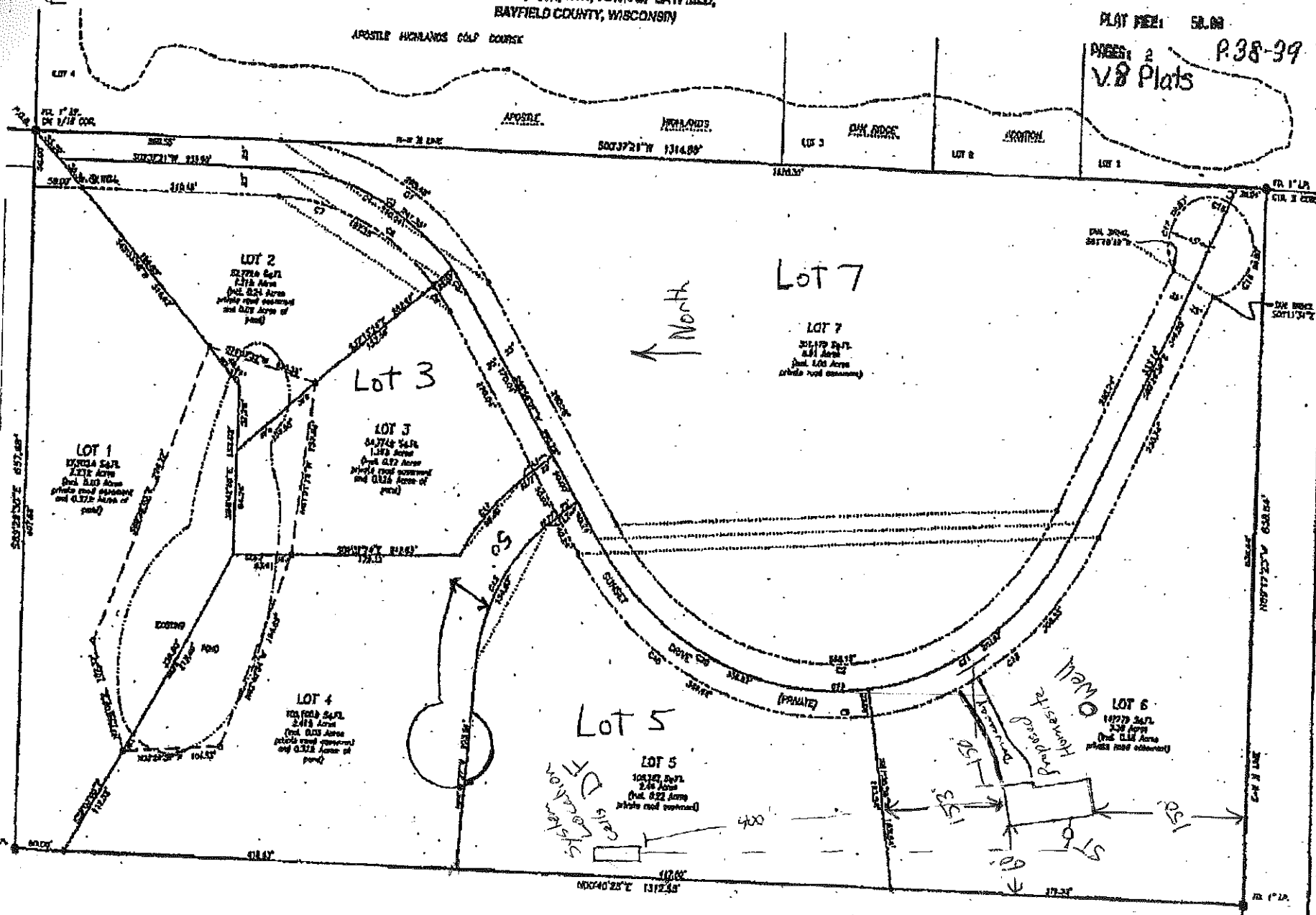
2010R-532586

05/11/2010 12:15PM  
IF EXEMPT 01

PLAT FEE: \$0.00

PAGES: 2  
V.8 Plats  
P.38-39

APOSTLE HIGHLANDS GOLF COURSE



own, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 17-12S  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0091** Issued To: **Gary & Jacquelyn Dalzell**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **15** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot                      Lot **6**                      Block                      Subdivision **Sunset Ridge**                      CSM#

For: **Residential Use:** [ **1- Story; Residence (Irregular) = 2,016 sq. ft.;** **Porch (Irregular) = 200 sq. ft.;**  
**Attached Garage (Irregular) = 864 sq. ft. ] Total Overall = 3,080 sq. ft.**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** UDC permit and inspections required.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**May 2, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

ENTERED

Permit #:	17-0109
Date:	5-4-17
Amount Paid:	\$75418.17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER										
Owner's Name: BRUCE S RAND			Mailing Address: 34267 Cy Hwy J			City/State/Zip: BAYFIELD WI 54814			Telephone: _____	
Address of Property: 34267 Cy Hwy J			City/State/Zip: BAYFIELD WI 54814			Cell Phone: 612			Plumber Phone: 848-840-7404	
Contractor: _____			Contractor Phone: _____			Plumber: _____			Plumber Phone: _____	
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone: _____			Agent Mailing Address (include City/State/Zip):			Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits) 4673		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2008		Subdivision: R 5222 14 1000-447		
1/4, 1/4		Gov't Lot	Lot(s) 2	CSM 1379	Vol & Page 7000 28	Lot(s) No.	Block(s) No.	Subdivision:		
Section 04, Township 570 N, Range 15 W		Town of: BAYFIELD		Lot Size		Acreage 5				

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue -->	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes---continue -->	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material \$23,537	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 32'	Width: 32'	Height: 16'

Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure			Dimensions	Square Footage	
		<input type="checkbox"/> Principal Structure (first structure on property)					( ) X )
		<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)					( ) X )
		<input type="checkbox"/> with Loft					( ) X )
		<input type="checkbox"/> with a Porch					( ) X )
		<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch					( ) X )
		<input type="checkbox"/> with a Deck					( ) X )
		<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck					( ) X )
		<input type="checkbox"/> with Attached Garage					( ) X )
		<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)					( ) X )
<input type="checkbox"/> Mobile Home (manufactured date) _____			( ) X )				
<input type="checkbox"/> Addition/Alteration (specify) _____			( ) X )				
<input checked="" type="checkbox"/> Accessory Building (specify) POLE BUILDING (COLD STORAGE)			( 32 X 32 )	1024			
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____			( ) X )				
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____			( ) X )			
<input type="checkbox"/> Conditional Use: (explain) _____			( ) X )				
<input type="checkbox"/> Other: (explain) _____			( ) X )				

I, the undersigned, Bayfield County Planning and Zoning Department, hereby certify that the information provided on this application is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Bruce S Rand Date 18 April 17  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

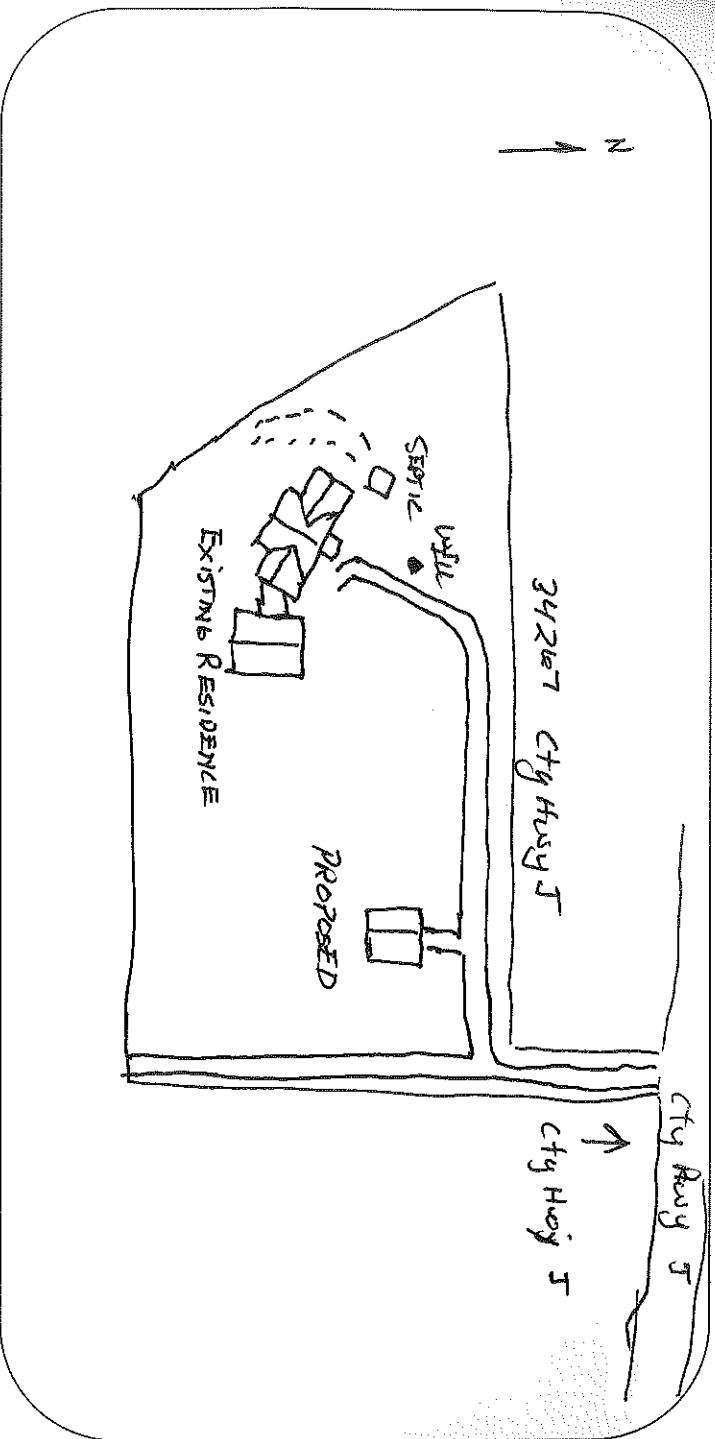
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed



Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on Your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	117 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	40 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	52 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	250 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	466 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	166 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	357 Feet	Setback to Well	260 Feet
Setback to Drain Field	410 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0109		Permit Date: 5-4-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Contiguous Lot(s)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		Were Property Lines Represented by Owner		Was Property Surveyed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		Were Property Lines Represented by Owner		Was Property Surveyed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: sctd sketch + spray painted		Zoning District (1st)		Lakes Classification (N/A)	
Date of Inspection: 5-2-17		Inspected by: [Signature]		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)					
Building shall not be used for human habitation + well not have water plumbing fixtures connected to water main pressure					
Signature of Inspector: [Signature]		Date of Approval: 5-3-17			
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0109** Issued To: **Bruce Rand & Ann Marie Golob-Rand**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **15** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot                      Lot **2**                      Block                      Subdivision                      CSM# **1379**

For: **Residential Accessory Structure: [ 1- Story; Pole Building (32' x 32') = 1,024 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and shall not have indoor plumbing fixtures connected to water under pressure.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**May 4, 2017**

Date